

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212545107					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Ocean Conservancy, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: F1274523</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1300 19TH ST NW 8TH FL</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20036</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JANIS SEARLES JONES TITLE: INTRIM PRES/CEO ADDRESS: 1300 19TH STREET NW 8TH FLR CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JANIS SEARLES JONES TITLE: INTRIM PRES/CEO ADDRESS: 1300 19TH STREET NW 8TH FLR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: THOMAS H ALLEN TITLE: DIRECTOR ADDRESS: 455 MASSACHUSETTS AVE. SUITE 700 CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	LAURA BURTON CAPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	PHILLIPPE COUSTEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	NICOLE LUSKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	CECILY MAJERUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, WV 20036		
NAME:	WILLIAM MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	EDWARD M MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	DANE A NICHOLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	DR. MICHAEL K ORBACH, PhD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	DR. STEPHEN PALUMBI, PhD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		
NAME:	DR. ENRIC SALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
CITY/ST/ZIP/CO:	8TH FLOOR WASHINGTON, DC 20036		

NAME:	DAVID ZACHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
	8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JANIS SEARLES JONES	JANIS SEARLES JONES, INTRIM	11/26/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRES/CEO	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			